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Pneumonia Bilosa

B. W. Maclin

Remarks on Pneumonia Biliosa, by Benjamin W. Maclin of Brunswick County Virginia. August 12th 1826

Pneumonia Biliosa Read March 8th 1827

When we take into consideration, the thousands who annually die in our Southern States with Bilious Pleurisy, it is exceedingly strange, this disease should be so little noticed by the medical faculty of these United States. Had we a register of the deaths, we should see that more die with Bilious pleurisy than any other disease with the exception of Bilious fever, to which it bears a striking resemblance, as regards its treatment.

Pneumonia Biliosa is a compound affection, consisting of an inflammation of the lungs, with a deranged function of the liver. It is the immediate offspring of a low temperature engendered upon a miasmatic predisposition. It prevails in all countries subject to Marsh Miasm; but it is only in those liable to the greatest and most frequent vicissitudes of weather, that it is displayed in

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its true and full form. It is most apt to attack adults in full health, and particularly males. Children altho' less exposed to the operation of the remote and exciting causes, are independently of these considerations, less liable to an attack of Bilious pleurisy. But unfortunately, it is not confined to one particular class of people, for it commits its ravages not only on the Farmers and labouring class, who are exposed to all kinds of weather, but extends itself to the "delicate belles and effeminate beaux", who add artificial to natural causes; who in a ball room heated to a tropical temperature, carry exercise to the extreme of exhaustion, and in this state rush fearlessly forth into a freezing atmosphere; and thus in the short space of one minute, is the delicate structure of the lungs exposed to an atmospherical transition of 40 or 50 degrees.

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This sudden transition strikes the Capillaries of the surface torpid, and at the same time acting on the lungs, causes a determination of fluids from the surface to some internal organ, and of which the lungs most often suffer. The lungs being inflamed, cause a general fever, this increases arterial action, and brings to maturity those seeds of Bilious fever which had been sown at a previous season, and thus we have Pleurisy complicated with Bilious fever. This, I conceive to be a true pathology of Pneumonia Biliosa.

Symptoms. The Premonitory symptoms are a general lassitude, impaired appetite, nausea, a bitter taste in the morning, constipation for a day or two previous to an attack, a soreness of the abdominal and thoracic viscera.

The immediate symptoms are a slight chill, wandering pains, which scarcely ever fix them=

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=selves permanently until reaction takes place. After reaction takes place, then the pains locate themselves in one, or both sides, tho' more com=monly in one, and this the left, according to Dr. Chapman, but the majority of writers say the right. This pain is much increased by making a full inspiration, which is ow=ing to the dilatation of the lungs in the act of inspiration. "When the fever rises, there is flushing of the face, increased heat of the whole body, head=ache, a dark muddy appearance of the eyes, gas=tric distress, followed sometimes by bilious purging or vomiting, a leaden nauseous taste, and a tongue, the middle of which is loaded with a brown, or nearly black coat, while the edges are clean and quite red. Added to these symptoms, is a Catarrh, attended with a very troublesome

cough. This cough is sometimes free from all expectoration, more particularly at the commencement of the disease; but more commonly there is some expectoration, which is of a white colour, and frothy nature, which is thrown out from the mucous follicles of the Bronchia. The pulse is frequent, full, hard, strong and quick. In the course of the disease, it is not uncommon for the pain to change its place, which is thought by Cullen to be an unfavourable symptom, but the reverse by Caldwell. It is a fact worthy of notice, that patients labouring under violent cases of Bilious pleurisy as occur in the Southern States, are inclined to be drowsy, desponding, and have an aversion to be spoken to.

If the disease is neglected at its commencement, and the inflammation

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proceeds with great violence, an effusion of blood into the cellular texture of the lungs takes place, which interrupting the circulation through them, produces suffocation; or it may terminate by resolution, suppuration or Gangrene. When it terminates fatally, the first termination is by far the most common. The inflammation almost, always causes the lungs to adhere to the side of the Thorax.

The fever accompanying Bilious pleurisy, seldom if ever observes a continua type. The remission is in the morning, except in the most aggravated cases, when there is no ~~[illegible]~~ remission at all. When Bilious Pleurisy appears in the Spring, the pulmonic affection is usually more distinct and obstinate, and the Hepatic less prominant than in winter.

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The Diagnosis is so simple, that the merest Tyro can not be mistaken. As I have mentioned it in detailing the symptoms, I shall not now repeat it.

Prognosis. This must be drawn from the severity of the symptoms. When there is high fever, great difficulty of breathing, so much so, that patient has to be kept nearly erect in bed, when he can only lie on one side, or on his back, when there is a dry aggravating cough, acute fixed pains, attended with a sudden change of countenance, or cessation of pain, or sinking of the pulse, great danger is to be apprehended. Also delirium coming on denotes imminent danger. The reverse of the above mentioned symptoms, augurs a favourable issue.

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Treatment. The treatment of the cold stage requires nothing more than the application of warm bricks, or bottles filled with warm water to the extremities, with the addition of some warm drinks. But after reaction takes place, then we are to draw blood copiously, with a view of preventing inflammation. In bleeding, we should make a large orifice to draw off the blood suddenly, for much depends upon the suddenness with which the blood is drawn. As a general rule, we should not tie up the arm, until the pain, or the difficulty of breathing is relieved. Perhaps it will be best to bleed the patient in a recumbent position, as he will then not feel the loss of blood so sensibly. As long as, the pulse remains hard and full, the pain in the side acute, the breathing difficult and blood sizy, so long ought we to re=

=peat the bleeding. Should, however a free expectoration come on, and the symptoms not greatly require blood letting, we may then withhold the lancet. By the prompt use of the lancet in the commencement of an attack, we may stop a disease, which if neglected would be very apt to termi=nate fatally. But let us not carry the use of the lancet too far, for we ought to keep in mind, that this disease will not bear bloodletting to the extent, that common pleurisy will.

We will meet with some cases, where we will have to stimulate the patient to get his pulse to the bleeding point, and when this is the case, we should be cautious how we bleed.

After we have drawn, as much blood by general bleeding as the patient can well

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bear, and still the symptoms demand more to be taken, then we may derive infinite benifit from Cups and Leeches, which should be placed immediately over the affected side.
Small doses of Calomel may now be given; a 2 or 3 gr pill may be given every 1 or 2 hours, until the patient shall have taken 10 or 15 grs, then purge them off with a small dose of Epsom Salts and Calc: Magn, a tea spoon full of each; these should be given every hour, until they begin to operate, when they should be stopped. Often these will fail to produce a single evacuation; then we should increase the dose of the Salts and Magn, or if the patient prefer it, we may give him the Ol: Ricini.
After the patient has had several passages, from the Calomel, he generally falls a sleep, if the pain be not too great;

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from which he arises very much refreshed.
In recommending Calomel in the cure of acute Bilious Pleurisy, I am aware, it has been objected to by some, and particularly by Dr. Potter of Baltimore, who says, it is only in the chronic form of the disease, that Calomel is useful.
After arterial action has been reduced, and there continues pain in the side, we should apply a blister large enough to cover the whole side. They are unequivocally useful by extinguishing the remaining pain, and arresting the farther progress of the disease. But being too early applied, they never fail to occasion great ~~pain, and~~ distress to the patient, and to aggravate those very symptoms, for the removal of which, they were applied.
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believing it to be the most important reme=
dy in the cure of Bilious Pleurisy.
For the comfort of the patient, we should
commence giving small doses of Calomel in
the evening, and purge them off next mor=
ning. By so doing we avoid disturbing
the patient during the night, as the Calomel
will scarcely ever operate of itself.
By giving Calomel in this way, we will
make it produce its specific effect on
the liver, and we will have as a proof
of that, copious, black stools. These
continuing for sometime, will then change
~~change~~ to a pale green or yellow.
Now we may commence with the infu=
sion of the Virg^a Snake root, which keeps
up a gentle diaphoresis, and relieves that
disagreeable sick stomach, almost, al=
ways attendant on this disease.

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Here also we will find Dover's powders to answer very well, or Tart. Ant: in small doses; but not in such doses, as are recommended by a late writer in the Medical Recorder, Cartwright of Natchez, Miss, who says an Emetic of Tart: Ant: given as reaction is about to take place, in the commencement of an attack, will evacuate the stomach of its bile, and relieve that pain in the side, which he says depends upon congestion, for says he, inflammation cannot take place until there has been increased action in that part for some time.
Whether this be true, or not, I do not pretend to say, but I would never withhold the lancet, for the use of an Emetic.
The immoderate use he makes of Tart: Ant:, must be injurious, being likely

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to add to the already existing disease, gas=
tritis.

It may appear presumption in me, to set my opinion in opposition to that of that able and learned writer Cartwright, but it would require more than Ciceronean elo=
quence to convince me, that ℞ Tart: Ant: in 10 gr. doses, repeated every 2 hours, and the stomach then being in an exceeding=
ly irritable state, will not be likely to produce a disease, as formidable, or even more so, than the one, for the cure of which, it was prescribed.

He says, it is a remarkable fact, that those cases attended with pain, irritation, partial reactions, and an irritable sto=
mach; that the stomach, which rejected nearly every thing else, so soon as swal=
lowed, would retain a teaspoon full

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of Ipecac with a grain or two of Tart: Emet:, for half an hour or more.
This assertion, according to my humble opinion, appears not to be consonant to reason, that Tart: Emet: one of our most active Emetics, should be retained on the stomach, when nearly every thing else would be rejected. This writer appears to be greatly afraid of a watery purging being brought on by the employment of purgatives. I have seen several cases of Bilious pleurisy cured without the aid of Tart Emet:, by purgatives, the lancet and some diaphoretic, and the principal purge was Calomel; and I have never seen that bugbear, the watery purging, of which he is so much afraid; but on the contrary, it was with difficulty the bowels could be kept

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in a laxative state.

But let us return to our mode of treatment. The cough becoming less hard and painful, the secretion of the kidnies more copious, or the skin becoming moist, the purging should be desisted from, and some gentle Expectorant and Diaphoretic be given.

In the advanced stage, when there is no difficulty of breathing, and the cough is the most urgent symptom, we shall find the following formula to answer well.

℞

"Ipecac	gr i	This should be given according to the urgency of the symptoms.
"Opium	āā gr ss	
"Calomel"		

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Throughout the whole disease, the patient is to abstain from all animal food, and all kinds of stimulating drinks, restricting himself to the use of Sago, the preparations of Barley, Rice and such articles. Altho' we sometimes laugh at the frequent recommendations of sugar and water, it will be found a good beverage in this case.

On recovery, the patient should carefully guard against any fresh exposure to cold, as a relapse often terminates fatally